

Outreach Court

Bernalillo County

Metropolitan Court

Albuquerque, NM

A progressive diversionary program

Allowing alternative resolutions





OUTREACH COURT

Removing Barriers

Outreach court enables homeless and precariously housed individuals who are actively engaged in the program to address their outstanding legal obligations, freeing them to reclaim their lives and return to the community as valued members.

Alternative Resolutions

In lieu of custody, fines, and fees for most misdemeanor charges, participants may engage in life skills activities, substance abuse group meetings, literacy classes, and training, or search for employment, counseling, and programming aimed at improving their situations under the guidance of their Community Provider. The court acknowledges these endeavors in order to satisfy the courts' requirements.

Maria I Dominguez Presiding Judge

American Bar Association's Definition of “Homeless Person”

Individuals who lack a fixed, regular, and adequate nighttime residence, including those who, due to loss of housing, economic hardship, or similar reasons, are sharing the housing of others or living in motels, hotels, or camping grounds.

- ❖ Precariously Housed
- ❖ At immediate risk of becoming homeless

Outreach Court

Is a collaborative effort among:

Bernalillo County Metropolitan Court,

Office of the District Attorney,

Law Offices of the Public Defender,

The Private Defense Bar,

Albuquerque Police Department,

The Bernalillo County Attorney's Office,

And Community Providers.

Based on the San Diego Homeless Court Model

Using the ABA's
7 Guiding Principles
for Homeless Courts



How Does Outreach Court Work?

Outreach Court is unique from all other specialty courts as it is designed to work with individuals already engaged with treatment providers and give them an opportunity to resolve outstanding misdemeanor cases and warrants.

This is accomplished by collaborating with Community Providers that are already providing services to these individuals.

This court will follow the American Bar Association's (ABA) seven guiding principles for Homeless Courts and will model itself after the San Diego Homeless Court. This model is based around local community service providers being the gateway for participants to enter into the program voluntarily.

Each participant will have an attorney appointed to them free of charge through a unique partnership with The Law Office of the Public Defender.

Commencement Ceremonies will be held at Provider locations throughout the Community- removing the Courthouse from the equation.

The maximum amount of time in the program is 90 days

How Can An Individual Get Referred to Outreach Court?

The prospective participants are referred by their Community Provider to Outreach Court to determine eligibility.

If approved for participation, court staff will notify all involved parties.

The participant will work with their Community Provider at their chosen program to design a plan to move towards self-sufficiency prior to appearing in court.

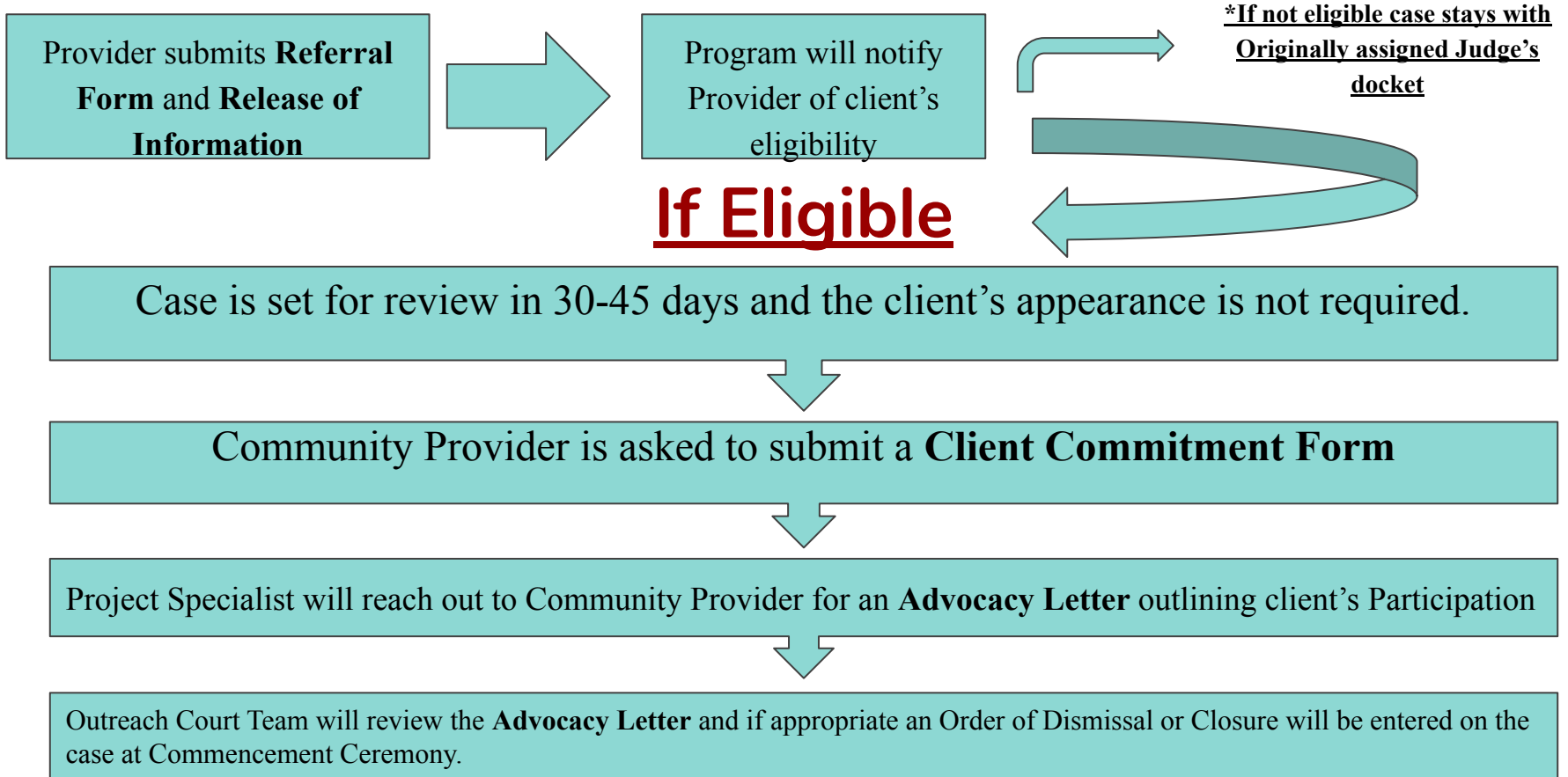
What cases can be accepted into Outreach Court?

- All Misdemeanors from Bernalillo County can be accepted EXCEPT DWI's
- Domestic Violence cases and Officer Victim cases require a second level of approval from the District Attorney's office

What would prevent someone from being accepted to Outreach Court?

- Having been convicted of a violent felony in the past 7 years
 - Having an outstanding warrant in another jurisdiction

Outreach Court Referral Process





*Bernalillo County Metropolitan Court
Outreach Court/Presiding Judge Maria I. Dominguez*

OUTREACH COURT REFERRAL FORM

401 Lomas Blvd, NW, Albuquerque, NM 87102
PO Box 133, Albuquerque, NM 87103

Martin Burkhardt, Program Manager
Phone: (505) 841-8181
Email: metrmab@nmcourts.gov

Fax: (505) 222-4829

REFERRAL SOURCE INFORMATION

DATE OF REFERRAL: _____
AGENCY: _____
ADVOCATE/CASE MANAGER: _____
PHONE: () ____-____ FAX: () ____-____
EMAIL: _____

PARTICIPANT INFORMATION

NAME: _____ D.O.B.: _____ SS#: ____-____-____
CASE NUMBER(S): (if available) _____
PHONE: () ____-____ Is this number text capable? ☐ yes ☐ no
EMAIL: _____ MESSAGE NUMBER: () ____-____
ALTERNATE CONTACT: _____
Is the participant homeless as defined by the ABA*? ☐ yes ☐ no
Is the participant a Veteran? ☐ yes ☐ no
Is the participant in warrant status? ☐ yes ☐ no ☐ unknown
Is the participant currently represented by an attorney? ☐ yes ☐ no ☐ unknown
Is the participant working with any other agencies? If yes please list _____

SERVICES INTENDED TO PROVIDE TO PARTICIPANT:

☐ Housing ☐ Employment/Job Development ☐ Social Security Insurance
☐ Substance Abuse ☐ Mental Health ☐ Physical Health ☐ Other: _____

*The American Bar Association definition of "homeless person"-individuals who lack a fixed, regular, and adequate nighttime residence, including those who, due to loss of housing, economic hardship, or similar reasons, are sharing the housing of others or living in motels, hotels or camping grounds.

This and the Release of Information form are both needed to get the referral to Outreach Court started.

**Bernalillo County Metropolitan Court
Defendant's Release of Information and Consent Form**

Defendant's Name: _____ (Please Print)

Defendant's Year of Birth: _____

Defendant's Social Security Number: xxx-xx-____ (last 4 digits only)

Metropolitan Court Case No(s): _____

I, _____, hereby authorize the Bernalillo County Metropolitan Court ("Court") to furnish and release to _____ ("Provider"), as well as any future providers who have or will have a treating provider relationship with me in connection with the case number cited above the information listed below. I also authorize the Provider to furnish and release and any documents constituting or regarding the information listed below to the judges and officers of the Court as specified in this Release of Information and Consent Form:

____ My personal identifying information including, but not limited to, my name, age, date of birth, social security number, race, gender, marital status, education, employment status, income, address, phone numbers, and driver's license number;

____ All protected medical information regarding me, as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and under the rules and regulations thereunder, including all protected information from primary and secondary providers, health plans, health care clearing houses, emergency services, financial and administrative transactions, psychotherapy treatment, and business associates;

____ Information about any current or prior diagnosis, prognosis, or summary of a medical condition or medical treatment regarding me and including, but not limited to, any treatment plan, surgical procedures, lab reports, medical analyses, prescription and non-prescription medication usage, hospital records, including medical reports, investigations, admission sheets, discharge summaries, medical histories, physical examination reports, operative reports, x-ray findings, and similar documents, psychological or psychiatric examinations, care, and reports, behavioral health services, my attendance and cooperation in any treatment or care, recommendations about any continuing care or treatment that I should receive, and any other information about me or that I have provided to the Provider and/or the Court;

____ All of my substance use disorder information pertaining to any controlled substances and/or alcohol;

____ All of my medications, including my substance use disorder medications;

____ All of my lab test results, including results related to my substance use disorder;

____ Information about any illegal drug usage, alcohol or substance abuse by me; and

____ Information about my conditions of release or conditions of probation supervision by the Court (collectively referred to as "Sensitive Information").

Individuals authorized to receive from Provider the information listed above:

Presiding Judge: Maria Dominguez

Program Manager: Martin Burkhardt

Assistant District Attorney: Joshua Hasyniec

Defense Attorney: Alexandria Allen

Other (name and title): Community provider liaisons

Outreach Court Program Specialist: Tiffany Archuleta

____ I agree or am legally required to be diagnosed, evaluated, and/or treated by the Provider, and I understand that the Provider has agreed pursuant to a contract with the Court to undertake diagnosis, evaluation, and/or treatment of me.

____ I understand and agree that the purpose of these disclosures is to enable the Court and the Provider, respectively, as Lawful Holders, to track and monitor my treatment and to verify that I am complying with my conditions of release, my conditions of probation, and/or any other order or judgment of the Court.

____ I understand that I have a right, upon my request, to receive a list of the disclosures of my information made to any individual or entity pursuant to this agreement, during the previous two years.

____ I understand that my consent in this matter will remain in force until a final disposition of the matter is entered by the Court.

____ I have been provided a copy of this form.

____ I further understand and agree that the Court in its discretion may invite judges or representatives of other courts and such other qualified visitors ("Visitors") to observe Court proceedings and/or meetings regarding my treatment so that they might evaluate programs of the Court, conduct scientific research, management audits, and/or financial audits of Court. I therefore consent to the release of Sensitive Information (defined above) to any such Visitors

____ I further understand and agree that this Release and Consent shall remain in full force and effect until the Court enters a final disposition in this matter. This Release and Consent is subject to revocation at any time after the Court enters a final disposition, except to the extent that the Court or Provider, which is going to make the disclosures, or the recipients who will be receiving the disclosures, has already taken action in reliance on it. I also understand that any disclosure concerning drug and alcohol abuse is subject to 42 C.F.R. Part 2, and that the recipients of this information may only redisclose it in

connection with their official duties, such as for the purpose of conducting scientific research, management audits, financial audits, or program evaluation.

Date _____ Signature of Defendant _____

Date _____ Signature of Witness _____

Notice to Recipients:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The Federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

NOTICE TO DEFENDANT: You may report any suspected violations of these confidentiality rules to the United States Attorney's Office, District of New Mexico: (505) 346-7274 – P. O. Box 607 Albuquerque, NM 87103.

Use Note

This Form is to be used by a Defendant who is in a Specialty Court or who is otherwise receiving treatment or services from a provider in connection with a case pending before the Court.

Client Commitment Form

Congratulations, _____(Client Name) you have been accepted into the Outreach Court Program at the Bernalillo County Metropolitan Court. As long as you follow the instructions below, your pending case in the Metropolitan Court will be dismissed, or if you have an active warrant, it will be cancelled. Judge Dominguez will now be your assigned Judge, and the Public Defender has agreed to represent you while you are in the Outreach Court Program unless you already have private counsel.

- You must remain in contact with _____(Provider Contact Name) from _____(Provider's Agency) who referred you to the program at (505) _____(Provider's Phone Number)
- You must remain in compliance with any appointments for treatment, case management, doctor and/or dentist visits etc. the agency that referred you is having you complete
- You must follow all Municipal, County, State and Federal laws
- You are required to be in compliance with the above conditions for up to 90 days depending on your charges

Failure to follow the above guidelines will result in your case being referred back to the trial docket and/or reinstatement of any outstanding bench warrants. By signing below you are also acknowledging that you understand that your participation in the Outreach Court Program is completely voluntary.

Participant signature

Date

Provider

Date

This form will get signed by the client once they have been accepted into Outreach Court.

AGENCY LETTERHEAD- SAMPLE ADVOCACY LETTER FOR MEANINGFUL REVIEW HEARING

Bernalillo County Metropolitan Court
Outreach Court
401 Lomas Blvd
Albuquerque, NM 87102
ATTN: Tiffany Archuleta
EMAIL: METRTLA@NMCOURTS.GOV
PH: 505-841-8267

DATE _____
PARTICIPANT: <Participant's name> _____
CASE ADVOCATE: <Case Advocate's name> _____
AGENCY NAME: <Agency's name> _____

Dear Meaningful Review Team,

AGENCY- < Insert your program's mission and important information regarding your program here.>
"It is our program's pleasure to write on behalf of Participant's name. The goal of our program is that each participant leaves having gained a greater sense of self sufficiency."

BACKGROUND- <Insert information regarding the client here>
"Participant's name has been homeless 3 times in the past. This is due to his mental health status. He is currently living with his mother and his medications have been stabilized for the past 4 weeks."

PROGRAM REQUIREMENTS < Indicate any requirements you've outlined for the participant in your program >

- attend bi weekly counseling
- monitor medications with primary provider
- attend doctor's appointment
- follow through with dental referral at Agency's name.

PROGRAM PARTICIPATION-< State any progress and compliance in your program here> "Participant's name has been compliant with our program since _____. He has stabilized his medications through our clinic. He has enrolled in state subsidized health insurance and has an appointment with his primary care provider. He is compliant with therapy and actively engaged in counseling with our therapist."

CURRENT ESTIMATED HOURS OF PARTICIPATION COMPLETED IN PROGRAM _____.

AGENCY RECOMMENDATION- <Outline your recommendation at this time>

"We recommend at this time for Participant's name to continue with our agency for another 30 days, at which point his dental referral will have been completed and his primary care visit completed."

Sincerely,

<signature> _____
NAME AND TITLE

This letter is needed
prior to the case
review.

**Please get all forms from
our website at:**

<https://metro.nmcourts.gov/homeless-court.aspx>

Or

Google “Outreach Court”

Other Incentives of Outreach Court



- **Fines and fees satisfied**
- **Outstanding community service satisfied**
- **Case closed or underlying charge dismissed**
- **Law Office of the Public Defender appointed without application**
- **Clients can avoid coming to the courthouse**
- **Clearance Paperwork printed**
- **MVD reinstatement fee for license waived**
- **Warrants deactivated in 24 hours if possible**

Outreach Court incentivizes your program

To comply with Outreach Court

The Client must comply with your program

Outreach Court is not punitive

Upon losing contact with a client-

Review hearing will be reset to give Attorney and Provider a chance to make contact

If still unsuccessful

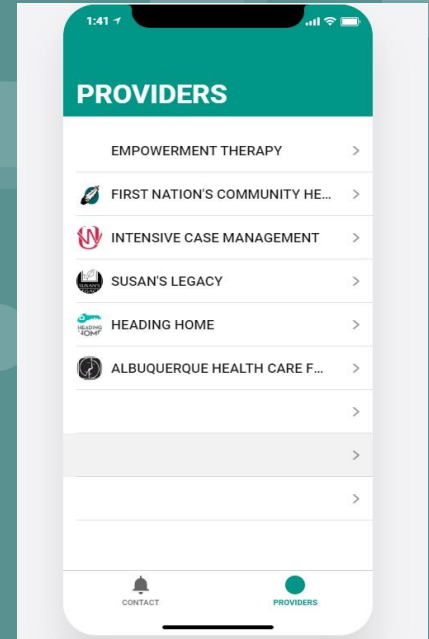
Case will get set on Judge Dominguez's formal docket with formal notice sent to client

If still unsuccessful

Case will get set back on original judge's docket

What does an agency need to do to become an approved provider?

- Having an approved Criterion on file with the Outreach Court gets you into the list of approved providers.
 - This gets you a spot on the Outreach Court App.
- *This is not a requirement to submit referrals





Artwork provided by Thomas
Carney and Angeles Keppel
Artists at ARTSTREET
At ABQ Healthcare for the
Homeless

